

Mr & Mrs J G Mobbs and A J Small

The Old Roselyon Manor Nursing Home

Inspection report

Par
Cornwall
PL24 2LN
Tel: 01726 814297
Website: www.oldroselyon.co.uk

Date of inspection visit: 12 May 2015
Date of publication: 02/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this unannounced inspection of The Old Roselyon Manor Nursing Home on 12 May 2015. The Old Roselyon Manor Nursing Home is a care home that provides nursing care for up to 30 older people. On the day of the inspection there were 28 people using the service. The service was last inspected in October 2013 and was found to be compliant.

There was a registered manager in post who was responsible for the day-to-day running of the service. A

registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

On the day of our inspection there was a calm and relaxed atmosphere and staff interacted with people in a kind and sensitive manner. There was a stable staff team

Summary of findings

who had a good knowledge of each person's needs. People and visitors spoke well of staff and said staff had the right knowledge and skills to meet people's needs. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

People told us they felt safe living at The Old Roselyon Manor Nursing Home and with the staff who supported them. People told us, "I feel safe", "I am happy and safe here", "very good I am happy here" and "no problems". A visitor told us they had "no concerns" about the service.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

All health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. People were well cared for and were involved in planning and reviewing their care. There were regular reviews of people's health and staff responded promptly to changes in need. Staff had good knowledge of people including their needs and preferences.

Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained.

People's privacy was respected. Staff ensured people kept in touch with family and friends. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the lounges, the garden or in their room.

Staff were well trained; there were good opportunities for on-going training and for obtaining additional qualifications. Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either a lounge, dining room or in their bedroom. People were seen to enjoy their meals on the day of our visit.

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. People told us they knew how to complain but said they had never had any reason to complain. They told us the registered manager and staff were so good at asking for their views and listening to what they wanted that any situations that might give cause for concern had not occurred.

There was a management structure in the home which provided clear lines of responsibility and accountability. People told us the registered manager and staff were very approachable and regularly asked them for their views of living at The Old Roselyon Manor Nursing Home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe living in the home and relatives told us they thought people were safe as well.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs

Good



Is the service effective?

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect. When people were in any pain or distress, staff managed it well.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Good



Is the service well-led?

The service was well led. There was a positive culture within the staff team with an emphasis on making people's daily lives as pleasurable as possible.

Staff said they felt well supported and were aware of their responsibility to share any concerns about the care provided at the home.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good



Summary of findings

People and their families told us the registered manager was very approachable and they were included in decisions about the running of the home	
--	--

The Old Roselyon Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 12 May 2015 and was carried out by one inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also

reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people living at The Old Roselyon Manor Nursing Home, three relatives and a visiting general practitioner (GP). We looked around the premises and observed care practices on the day of our visit. After our visit we spoke with two community nurses and a healthcare professional from the Early Intervention Team (EIS) by telephone.

We also spoke with four care staff, two nurses, the registered manager/provider and the administrator. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Is the service safe?

Our findings

People told us they felt safe living at The Old Roselyon Manor Nursing Home and with the staff who supported them. People told us, “I feel safe”, “I am happy and safe here”, “very good I am happy here” and “no problems”. A visitor told us they had “no concerns” about the service.

Staff had received training in safeguarding adults and were aware of the service’s safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. All told us they would have no hesitation in reporting any concerns to the registered manager as they wanted people in the home to be safe and well cared for. Staff received safeguarding training as part of their initial induction and this was regularly updated.

Care files included risk assessments which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. The balance between people’s safety and their independence was well managed. One person was assessed as being at risk of falling but wanted to use their walking frame to walk independently to the toilet. An agreement had been reached with the person that staff would walk alongside them when they used their frame to reduce the risk of an accident occurring.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. For example, nurses reviewed the control measures in place when people had falls. If individuals had repeated falls appropriate professionals were involved to check if their health needs had changed or additional equipment was required.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the

inspection there were seven care staff and one nurse on duty from 7.45am until 3.00pm and five care staff and one nurse from 3.00pm until 9.00pm. The registered manager worked every day as a second nurse. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people’s needs. We saw people received care and support in a timely manner. We discussed with the registered manager how they decided on the numbers of staff on duty. They told us they monitored people’s needs daily and made any adjustments to staffing levels as required. It was clear the registered manager knew everyone well and because they worked alongside staff they were aware of people’s changing needs.

Safe arrangements were in place for the storing and administration of medicines. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person’s medicines had been given and the initials of the nurse who had given them. Medicines were securely stored in portable metal cabinets, one on each floor of the premises, which when not in use were stored in locked rooms. Controlled drugs were stored correctly and records kept in line with relevant legislation. Training records showed staff who administered medicines had received suitable training. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

The environment was clean, odour free and well maintained. The service employed a maintenance person to undertake decorating and any repairs to the premises. One person told us “my room is very pleasant and the garden is well kept”. People and their families told us the maintenance person was available to respond to requests for assistance with any individual’s equipment. One visitor told us the maintenance person had recently repaired their relative’s radio and telephone, which meant a lot to the person as they listened to the radio every day in their room.

Equipment, such as hoists and stand aids, were regularly checked and maintained. People who needed to use a hoist had their own individually assessed slings to help make the experience of being hoisted as safe and comfortable as possible. There were appropriate fire safety records and maintenance certificates for the premises and equipment in place.

Is the service effective?

Our findings

People and visitors spoke well of staff and said staff had the right knowledge and skills to meet people's needs. A healthcare professional told us they were, "very confident in the care provided by the home."

Staff completed an induction when they commenced employment. The service was developing a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone.

Staff told us there were good opportunities for obtaining additional qualifications. All care staff had either attained or were working towards a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Staff told us about training, "we do some training by e-learning" and "professionals came into the home to talk to us about how to look after people with Parkinson's and dementia." Staff told us they felt supported by the registered manager and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs.

Care records confirmed people had access to health care professionals to meet their specific needs. This included staff arranging for opticians, dentists and chiropodists to visit the service as well as working closely with healthcare professionals. One person told us, "staff take me to hospital appointments whenever I need to go." Another person was due to have a planned operation and they told us how staff had supported them to go to appointments to arrange the operation. We observed a nurse explaining to the person what the operation would involve and how they would be transported to hospital on the day.

All health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. People and visitors told us

they were confident that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called.

We observed the nurse in charge give a handover to staff before they started the afternoon shift. This handover gave staff detailed information about each person's health needs, if calls to GPs had been made and if any additional monitoring was required for anyone who was unwell. For example staff were advised that one person was nearing the end of their life and was unable to have fluids orally.

The home monitored people's weight in line with their nutritional assessment. Some people had their food and fluid intake monitored each day and records were completed by staff. These records were checked daily by a nurse to ensure people were appropriately nourished and hydrated. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the lounges. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. Soft and pureed diets were well presented with different food colours identifiable. People told us they enjoyed their meals and they were able to choose what they wanted each day. People were asked in the morning what they would like for lunch. One person told us, "I am having fish pie today." Visitors told us they thought the food was of a good quality.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. We saw one person did not want to eat their lunch and was asked whether they would like anything else to eat. The person's decision not to have a meal was respected, although staff noted this on their records so it could be monitored.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has

Is the service effective?

full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The registered manager was aware of changes to the legislation following a recent court ruling. This ruling widened the criteria for where someone may be considered

to be deprived of their liberty. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest meetings had been held. The service did not have anyone currently under a DoLS authorisation. Records showed the service had granted themselves an urgent authorisation, as required by the legislation, for one person when they first moved into the home.

Is the service caring?

Our findings

People and visitors told us staff were kind and attentive to their needs. Staff interacted with people in a caring way, showing a genuine interest in their work and a desire to provide a good service to people. People told us about staff, “they [staff] are very good here” and “staff are very kind”.

Staff were clearly passionate about their work and told us they thought people were well cared for. Staff told us, “we [staff and people] are like a family” and “I would be happy for a member of my family to live here”. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people’s wellbeing. For example, when staff helped people who needed assistance with eating this was conducted in a respectful and appropriate manner, sitting alongside the person and talking to them. Another person was waiting for their GP to visit and had become anxious because they may miss their hairdresser appointment. Staff arranged for the hairdresser to return the following day so the person did not miss the vital GP visit but could still have their hair done and this alleviated the person’s anxiety.

Care was appropriate to people’s needs and helped people to be as independent as possible. For example, we observed a care worker helping one person to eat their lunch who, while they needed help, wanted to try to do what they could for themselves. The person had their own specially adapted cutlery to use and the care worker encouraged them to eat independently and only assisted when they became tired and needed a rest. The care worker told us, “even though it takes longer I don’t want to stop them, they like to do it themselves”.

All healthcare professionals told us they observed that staff interacted respectfully with people. One health professional told us the service was particularly good at managing people’s pain levels and as a result people were less likely to be anxious or distressed. All healthcare professionals told us they would be happy for their relatives to live in The Old Roselyon Manor Nursing Home because they knew the care and treatment staff provided was to a very high standard.

People were able to make choices about their daily lives. Some people used the lounges and dining room and others chose to spend time in their own rooms. People were able to move freely around the building or go outside in the garden as they wished to. One person told us, “on nice days I go outside and sit on the patio with my daughter when she visits. There are nice table and chairs and parasols to use”. Staff supported people, who needed assistance, to move to different areas as they requested.

People said they chose what time they got up, when they went to bed and how they spent their day. Individual care plans recorded people’s choices and preferred routines for assistance with their personal care and daily living. One person told us, “I can get up in the morning when I want to, sometimes I decide to stay in bed a bit longer.” Everyone told us staff respected their privacy and knocked on their bedroom door before entering. Bedrooms had been personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home.

Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounges and dining room or in their own room. One visitor told us, “I can visit whenever I want to and always feel welcomed.”

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. The registered manager made decisions about any new admissions by balancing the needs of a new person with the needs of the people already living at The Old Roselyon Manor Nursing Home.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. Each nurse was responsible for updating and reviewing four people's care plans on a monthly basis. These reviews captured people's changing needs and provided important information for staff to follow because the allocated nurse completing the reviews knew the person well. Where people lacked the capacity to consent to their care plans staff involved family members in writing and reviewing care plans. Relatives we spoke with were aware of people's care plans and told us they were invited to reviews.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at The Old Roselyon Manor Nursing Home. Staff told us care plans were informative and gave

them the guidance they needed to care for people. For example one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves.

Staff supported people to take part in different activities of their choice. This included regular church services and weekly music sessions provided by external entertainers. Staff spent one-to-one time talking and reading with people throughout the inspection. Staff arranged parties to celebrate particular occasions and events. For example, we saw photographs of a recent party to celebrate the anniversary of the end of the second world war. People told us how much they had enjoyed it. The registered manager arranged for newspapers of people's choice to be delivered daily. We saw most people had a newspaper and enjoyed reading them either independently or with the assistance from staff.

People and their families were given information about how to complain. Details of the complaints procedure were displayed in the home. The service had not received any complaints in the last year. People and their visitors told us they knew how to complain but said they had never had any reason to complain. They told us the registered manager and staff were so good at asking for their views, and listening to what they wanted, that concerns were dealt with as they arose.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the home, was also the provider as they were one of the owners of the service. They were supported by a deputy manager, nurses and senior care staff. The registered manager and deputy manager both worked as nurses. Staff said there was always a senior person available for advice and support.

People told us the registered manager and staff were very approachable and regularly asked them for their views of living in the service. People and their visitors all described the management of the home as open and approachable. The service had received many positive comments from relatives and these included, “the way you [the service] cared for [name of person] in their last days was very reassuring for me” and “you [the service] made me feel very welcome.” A visitor told us, “the home is excellent.”

The registered manager showed a great enthusiasm for wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people. Staff said there was good communication with the management of the service. Staff told us the registered manager was “always available” and he “trusts what we say” so would listen if we raised any concerns about people or the service. Staff also told us, “[registered manager’s name] is very friendly” and “[registered manager’s name] is very kind.”

There was a stable staff team with many staff having worked in the home for more than 10 years and staff told us morale was good. There was a positive culture within the staff team with an emphasis on making people’s daily lives as pleasurable as possible. Staff said they were supported by the management team and were aware of their responsibility to share any concerns about the care provided by the service. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with managers and through regular staff meetings.

The registered manager and deputy manager worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff’s practice they would address this through additional supervision and training. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they interacted with people. The deputy manager carried out audits of care plans and medicines procedures.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. All the healthcare professionals we spoke with told us they thought the service was well managed and trusted staff’s judgement when they asked them about people’s health needs. One healthcare professional said, “I would put my mother here and would be happy for my son or daughter to work here. The service looks after their staff because they recognise that ‘happy staff’ give better care.”